

DEPARTMENT OF COUNSELOR EDUCATION

*The College at Brockport
State University of New York*

STUDENT: _____

BANNER ID#: _____

MAILING ADDRESS: _____

PLAN OF STUDY

*MSEd in Counseling
School Counselor Emphasis*

CURRENT PHONE #: _____

CURRENT EMAIL: _____

	COURSE	COURSE TITLE	HOURS	GRADE	DATE
CORE COURSES	EDC 501	SELF IN SOCIETY – SCHOOL COUNSELOR	6		
	EDC 602	COUNSELING CONCEPTS *	3		
	EDC 603	GROUP COUNSELING CONCEPTS *	3		
	EDC 604	CAREER DEVELOPMENT CONCEPTS	3		
	EDC 606	RESEARCH & PROGRAM EVALUATION	3		
	EDC 612	THE HUMAN EXPERIENCE	3		
	EDC 614	CONTEMPORARY ISSUES	3		
	EDC 685	MEASUREMENT & EVALUATION	3		
	EDC 720	INTEGRATION & APPLICATION OF BASIC CONCEPTS**	3		
	EDC 721	CLINICAL EXPERIENCE FOR INTEGRATION	3		
	WORKSHOP	CHILD ABUSE REPORTING	0		
WORKSHOP	PROJECT SAVE TRAINING	0			
EMPHASIS COURSES	EDC 619	COUNSELING IN SCHOOL SETTINGS	3		
	EDC 722	IMPLEMENTATION I – SCHOOL COUNSELOR ***	3		
	EDC 735	CLINICAL EXPERIENCE FOR IMPLEMENTATION I – SCHOOL	3		
	EDC 728	IMPLEMENTATION II – SCHOOL COUNSELOR	3		
ELECTIVE			3		
TRANSFER CREDIT (9 HRS.)					
TOTAL HOURS			48		
UG STATS COURSE					

Prior written approval must be obtained from your advisor for changes in your Program of Study.

CONTACT YOUR ADVISOR PERIODICALLY TO EVALUATE YOUR PROGRESS.

The Department of Counselor Education should be informed of your anticipated graduation date at the beginning of the year in which it occurs.

* Prerequisite: EDC 501 or instructor’s permission.

** Completion of a workshop on Child Abuse Reporting and a workshop on Project SAVE are required. This is a prerequisite for EDC 720.

*** Prerequisite: EDC 619.

6 SESSIONS OF COUNSELING _____

_____ Student Signature	_____ Date
_____ Advisor Signature	_____ Date
_____ Chairperson Signature	_____ Date